**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                                       |   |   |   |                                    |          | SMALL ENTITY TYPE |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |
|--|---------------------------------------|---|---|---|------------------------------------|----------|-------------------|------------------------|---------|----------------------------|------------------------|
| FO   | R                                     | NUMBE                                     | R FILED                                 | NUMBER EXTRA                                |                                    | Γ        | RATE              | FEE                    |         | RATE                       | FEE                    |
| BASIC FEE  |                                       |   |   |   |                                    | 3.0      |                   | 345.00                 | OR      |                            | 690.00                 |
| TOTAL CLAIMS Min   |                                       |   | minus 20                                | = *   |                                    |          | X\$ 9=            |                        | OR      | X\$18=                     | 18                     |
| INDEPENDENT CLAIMS / r   |                                       |   | minus 3                                 | =  *  |                                    |          | X39=              |                        | OR      | X78=                       | 18                     |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                                       |   |   |   |                                    |          | +130=             |                        | OR      | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                                       |   |   |   |                                    |          | TOTAL             |                        | OR      | TOTAL                      | 18ka                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |                                       |   |   |   |                                    |          | SMALL ENTITY OR   |                        |         | OTHER THAN SMALL ENTITY    |                        |
|  |                                       | (Column 1)<br>CLAIMS                      | STREET WELLS                            | (Column 2)<br>HIGHEST                       | (Column 3)                         |          |                   |                        | )<br>   |                            |                        |
| AMENDMENT A  |                                       | REMAINING<br>AFTER<br>AMENDMENT           |   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE | ,       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                 | *   |   | **  | =                                  |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
| \ME  | Independent                           | *   | Minus                                   | ***   | =                                  |          | X39=              |                        | OR      | X78=                       |                        |
| _  | FIRST PRESE                           | NTATION OF MU                             | JLTIPLE DEPE                            | NDENT CLAIM                                 | ·                                  |          | +130=             |                        | OR      | +260=                      |                        |
|  |                                       |   |   |   |                                    | L        | TOTAL             |                        | l l     | TOTAL                      |                        |
|  |                                       |   |   |   |                                    |          | DDIT. FEE         |                        | OR      | ADDIT. FEE                 |                        |
|  |                                       | (Column 1)                                |   | (Column 2)                                  | (Column 3)                         | i        | <u></u>           |                        |         |                            |                        |
| AMENDMENT B  |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                 | *   | Minus                                   | **  | =                                  |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
|  | Independent                           | *   | Minus                                   | ***   | =                                  |          | X39=              |                        | OR      | X78=                       |                        |
| <u> </u>   | FIRST PRESE                           | NTATION OF M                              | JLTIPLE DEPE                            | ENDENT CLAIM                                |                                    | !        | +130=             |                        | OR      | +260=                      |                        |
|  |                                       |   |   |   |                                    | L        | TOTAL             |                        |         | TOTAL                      |                        |
| <b>.</b> .   |                                       |   |   |   |                                    |          | ADDIT. FEE        |                        | 1 ~     | ADDIT. FEE                 |                        |
|  | Toric means runs in the owner         | (Column 1)                                |   | (Column 2)                                  | (Column 3)                         | 1        |                   |                        |         |                            |                        |
| AMENDMENT C  | · · · · · · · · · · · · · · · · · · · | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                 | *   | Minus                                   | **  | =                                  |          | X\$ 9=            |                        | OR      | X\$18=                     |                        |
| ME   | Independent                           | *   | Minus                                   | ***   | =                                  | <b> </b> | X39=              |                        | OR      | . X78=                     |                        |
| Ľ  | FIRST PRESE                           | NTATION OF M                              | ULTIPLE DEPI                            | ENDENT CLAIM                                | 1                                  | <b>]</b> | -                 |                        |         | <del> </del>               | 1                      |
|  |                                       |   |   | am O somiter 400 to -                       | alumin 2                           |          | +130=             |                        | OR      | +260=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                       |   |   |   |                                    |          |                   |                        |         |                            |                        |
| <b>l</b> "   | "If the "Highest Nu The "Highest Num  | imber Previously P<br>nber Previously Pa  | aid For IN I HIS<br>id For" (Total or I | orace is less th<br>Independent) is th      | an 3, enter 3.<br>le highest numbe | er fou   | ind in the ap     | propriate bo           | x in co | olumn 1.                   |                        |